

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-046861

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 422

FILED JAN 2 1964

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo.		c. CITY OR TOWN LaPlata, Mo.	
Length of stay in 1b 9 days		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital & Clinic		d. STREET ADDRESS (If outside, give location) Route 3	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Pearl Alvin Dudgeon			4. DATE OF DEATH Month Day Year Dec. 25, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-29-89	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Datin, Wash.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME William Dudgeon			
13b. MOTHER'S MAIDEN NAME Martha Pinkston		14. NAME OF HUSBAND OR WIFE Emma Dudgeon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Emma Dudgeon		17. INFORMANT Nursing Home #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident		Interval Between Onset and Death 8 days		19. NAME OF HUSBAND OR WIFE Emma Dudgeon	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		DUE TO (c) _____		19. NAME OF HUSBAND OR WIFE Emma Dudgeon	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. NAME OF HUSBAND OR WIFE Emma Dudgeon	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-12-63 to 12-25-63 and last saw her alive on 12-25-63 Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edmond M. Smith, M.D.		(Degree or title)		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 12-26-63		22d. LOCATION (City, town, or county) (State) LaPlata, Missouri			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-28-63		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. FUNERAL DIRECTOR Christie Funeral Serv. LaPlata, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. Dec. 31, 1963	
24. REGISTRAR'S SIGNATURE Dora W. Rathoff		26. REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

JAN 2 1964

EDWARD M. GRIM, M.D.

Permit issued Dec 25, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. H. McCallum

Licensed Embalmer No. 2052

P. O. Address

South Efford MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.